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ABSTRACT

A shortage of occupational therapists as well as fiscal constraints have made it difficult to meet the legal mandate under Public Law 94-142 (Education for All Handicapped Children Act) that occupational therapy be provided as a related service to handicapped children when needed to enable them to benefit from special education programs. A review of the literature suggests a variety of ways that goals of occupational and physical therapy can be met. Therapists need to maximize their input and more effectively deliver school-based services through fulfillment of five major roles: evaluation-screening, program planning, intervention programs, supervision, and consultation. Therapists need to prioritize these roles and collaborate with teachers and parents to focus attention on functional goals. The continuum of delivery systems for related services to individual children needs to be evaluated. Contains 29 references. (DB)

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Meeting the Need for School-Based Occupational Therapists**Introduction**

PL 94-142 (1975) mandated that occupational therapy be provided as a related service to school age handicapped children, when required for the students to benefit from special education programs. The Education of the Handicapped Act Amendments, PL 99-457 (1986), expanded the number of children eligible to receive services by including preschool age children. Demand for occupational therapists, fueled by the passage of these laws exceeds the supply of therapists. The Manpower Report (AOTA, 1985) predicts that manpower needs in school systems will become particularly acute throughout the early to mid-1990s.

Literature Review

Occupational therapists, originally providing services for children with orthopedic handicaps in special education settings (Gifoyle & Hays, 1979) have continued to identify themselves as health professionals (Mitchell & Linsey, 1979). The two model system, with separate medical and education models which developed (Noie, 1983) continues to be used in schools, although it has proved difficult to coordinate in practice (McCormick & Lee, 1979, Litton, Veron & Griffin, 1982). The parameters for school-based therapy have not been defined, and criteria for admission and discharge from therapy are only now being developed (Crain, 1987, Robinson, 1987). Problems providing occupational therapy services in education settings continue to be reported (Guilfoyle, 1984, Hightower-Vandamm, 1985, King, 1988).

Under the pressure of increasing demands for services, personnel shortages, and fiscal constraints, child care professionals including occupational therapist are attempting to increase the effectiveness of their interventions. The roles of the child's family (Anderson & Hinojosa, 1984, AOTA Position paper, 1988, Meisels, 1985, Rainforth & Salisbury, 1988), and teacher (Lyons, 1984) in the intervention process are being explored. Mechanisms to integrate services including role release (Mather & Weinstein, 1988) which allows transdisciplinary team members to exchange information, knowledge, and skills across disciplines (McGonigal & Garland, 1988), and the integrated programming team (Campbell & Wetherbee, 1988) are being developed. A

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collaborative model of consultation as a response to the changing needs for therapy has been suggested (Dunn (1987)).

Hightower-Vandamm (1985) asked, what was to prevent educators, looking to meet the mandates of the law, save money, and employ more educators, from providing occupational therapy themselves? The effectiveness of traditional interventions is being questioned. Fewell (1988) in a follow-up study (Jenkins, Fewell & Harris 1983) reported that graduate students in education produced the same motor skill achievements in preschool handicapped children as those made when the children received services from registered occupational therapists.

Palmer, Shapiro and Wachtel (1988) reporting the effects of physical therapy on infants with spastic diplegia found that infants receiving a combination of infant stimulation and neurodevelopmental (NDT) physical therapy did better on many of the motor outcomes than the infants who received only the NDT therapy. Harris (1988) comments that these findings should disturb occupational and physical therapists. She believes it unethical and irresponsible to "continue to pretend that we are capable of normalizing abnormal muscle tone or inhibiting primitive reflexes that are overt manifestations of an irreparable damaged central nervous system" (p. vii). Harris says therapists can "work closely with parents, teachers and other health care professionals to set functional goals" (p. vii).

Discussion and Recommendations

The shortage of occupational therapists can be expected to accelerate the filling of occupational therapy roles (Gilfoyle & Hays, 1979) by others. The inability to substantiate the effectiveness of occupational therapy treatment increases the difficulty in justifying the costs for therapy to school administrators. However, unless occupational therapists are able to maintain a presence in educational environments as they attempt to solve the problems which face the profession, child care professionals from other disciplines will provide services traditionally provided by occupational therapists.

By maximizing the input of available therapists and more effectively delivering services therapists can respond to the current situation. Gilfoyle & Hays (1979) laid the foundation for an effective school-based service delivery

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system through the delineation of five major therapy roles: evaluation-screening, program planning, implementing intervention programs, supervision and consultation. The Guidelines for Occupational Therapy in School Systems (AOTA, 1986) based on Gilfoyle & Hays' work, organize and systematize the mass of information now required for school-based occupational therapy. Administrators and therapists have focused on direct services for individual children, rather than making use of all five roles (Gilfoyle & Hays, 1979, 1980) and the entire service delivery process (AOTA, 1986). Both of these sources require consideration of therapy needs at the programmatic level, as well as for individual children.

Therapists have not prioritized their roles. Central to an effective system is the assessment process, which includes Type I screening (AOTA, 1986). The screening process provides an overview of the school's population, and information about program needs which can be used to determine priorities within the program. Through screening the therapist can identify children, other than physically handicapped in need of occupational therapy. Use of a single role (Dunn, 1987) to define occupational therapy limits the potential for effective therapy.

Responding at the program level to therapy needs necessitates collaboration with teachers and parents, and helps focus attention on functional goals (Harris, 1988). Programs for which teachers and parents perceive a need, and which they actively participate in developing have potential for regular implementation even when the therapist is not present.

The entire process continuum (AOTA, 1986) should be used. Direct services to individual children is therapist intensive, and there are no data showing that this approach is better than another (Effgen, 1988). Direct therapy in school should be considered a periodic intervention required by the changing needs of a child, and not a service required to be provided throughout the child's entire education. Decisions to provide individual therapy in schools should include consideration of the goals of treatment relative to functional outcomes, and whether a combination of education, and direct and consulting therapy services could be as effective in goal achievement.

Conclusion

Occupational therapists can maintain a presence in schools by maximizing the interventions of available school-based therapists and delivering services more effectively as they deal with the long term manpower and efficacy data problems. Delivery systems based on the work of Gilfoyle & Hays (1979, 1980) and the AOTA Guidelines (1986) which requires therapy at programmatic as well as individual levels respond to current research that the child together with the primary caretakers should be the intervention target.

REFERENCES

- American Occupational Therapy Association. (1986). Guidelines for Occupational Therapy Services in School Systems. Rockville, MD.
- American Occupational Therapy Association. (1985). Occupational therapy manpower: a plan for progress. Report of the Ad Hoc Commission on Occupational Therapy Manpower. Rockville, MD.
- American Occupational Therapy Association. (1988). Occupational Therapy Services in Early Intervention and Preschool Services, Position Paper. Dunn, W., Campbell, P.H., Oetter, P.L., Hall, S., Berger, E. Rockville, MD.
- Anderson, J. & Hinojosa, J. (1984). Parents and therapists in a professional partnership. American Journal of Occupational Therapy, 38(7), 452-460.
- Campbell, P.H. & Wetherbee, R. (May, 1988) The integrated programming team a process for integrating therapy services. Occupational Therapy News, p. 13.
- Crain, M.S. (1987, October). The education/consultation model for school-based occupational therapy programs. Paper presented at the Great Southern Occupational Therapy Conference. New Orleans, LA.
- Dunn, W. (1987, June, 18). Occupational therapy must respond to changing needs in education. O.T. Week, pp. 4, 5, 14, 15.
- Education for All Handicapped Children Act of 1975, PL 94-142. Federal Register 42, (1977).
- Education of The Handicapped Act Amendments of 1986, PL 99-457. Federal Register 52, (1987).
- Effgen, S.K. (1988). Preparation of physical and occupational therapists to work in early childhood special education settings. Topics in Early Childhood Special Education, 7(4), 10-19.
- Fewell, R.R. (1988). Follow-up findings of a program for motor skill achievement. Topics in Early Childhood Special Education, 7(4), 64-70.
- Gilfoyle, E.M. (1984). Eleanor Clarke Slagle lectureship, 1984: transformation of a profession. American Journal of Occupational Therapy, 38(9), 575-584.
- Gilfoyle, E.M., & Hays, C. (1979). Occupational therapy roles and functions in the education of the school-based handicapped student. American Journal of Occupational Therapy, 33(9), 565-576.
- Gilfoyle, E.M., & Hays, C. (1980). Training: Occupational therapy educational management in schools

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- (I-V). Rockville, MD.: American Occupational Therapy Association, Inc.
- Harris, S. (1988). Early intervention: where do we go from here? Infants and Young Children, 1(2), vi-viii.
- Hightower-Vandamm, M.D. (1985). Occupational therapy's journey: the implementation, challenge, and expectation. American Journal of Occupational Therapy, 39(12), 785-790.
- Jenkins, J.R., Fewell, R.R. & Harris, S.R. (1983). A comparison of sensory integration therapy and motor programming. American Journal of Mental Deficiency, 88(2), 221-224.
- King, L.J. (1988, November, 7). Can occupational therapy survive in the public schools? Occupational Therapy Forum, p. 1, 3, 4, 5.
- Litton, F.W., Veron, L. & Griffin, H.C. (1982). Occupational therapists and physical therapists: vital members in the rehabilitation and educational process of disabled students. Journal of Rehabilitation, 48, 65-67.
- Lyons, B.G. (1984). Defining a child's zone of proximal development: evaluation process for treatment planning. American Journal of Occupational Therapy, 38(7), 446-451.
- Mather, J. & Weinstein, E. (1988). Teachers and therapists: evolution of a partnership in early intervention. Topics in Early Childhood Special Education, 7(4), 1-9.
- McCormick, L., & Lee, C. (1979). Public Law 94-142: mandated partnerships. American Journal of Occupational Therapy, 33(9), 586-588.
- McGonigle, M.J. & Garland, C.W. (1988). The individualized family service plan and the early intervention team: team and family issues and recommended practices. Infants and Young Children, 1(1), 10-21.
- Meisels, S. J. (1985). The efficacy of early intervention: why are we still asking this question? Topics in Early Childhood Special Education, 5(2), 1-11.
- Mitchell, M.M. & Lindsey, D. (1979). A model for establishing occupational and physical therapy services in public school. American Journal of Occupational Therapy, 33(6) 361-364.
- Noie, D.R. (1983). Occupational and physical therapy as related services. Teaching Exceptional Children, 15, 105-107.
- Palmer, F.B., Shapiro, B.K., Wachtel, R.C., et al (1988). The effects of physical therapy on cerebral palsy: a controlled trial in infants with spastic diplegia. New England Journal of Medicine 318(13) 803-808.

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- Rainforth, B. & Salisbury, C.L. (1988). Functional home programs: a model for therapists. Topics in Early Childhood Special Education, 7(4), 33-45.
- Robinson, M.M. (1987, October). Criteria for public school therapy. Paper presented at the Great Southern Occupational Therapy Conference. New Orleans, LA.